PART B - FEE(S) TRANSMITTAL

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INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) preciping a new correspondence address and to (b) indicating a separate "EFE ADDRESS" for

02 ING DATE 2/29/2000	OESSNER/EE	п	nave us own cermicate Cer	tificate of Mailing or Transis Fee(s) Transmittal is bein with sufficient postage for fir Stop ISSUE FEE address IO (571) 273-2885, on the	or domestic mailings of the for any other accompanying ent or formal drawing, must smission g deposited with the United st class mail in an envelope above, or being facsimile date indicated below. (Depositor's name)		
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		FIRST NAMED INVENT	OR	ATTORNEY DOCKET NO.	CONFIRMATION NO.		
AND SYSTEM		Daniele V. Levy	2043.088US1 9778		9778		
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 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
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ee is identified .11. Completion	below, no assignee on of this form is NO				locument has been filed for		
(A) NAME OF ASSIGNEE							
eBay, Inc.			San Jose, California				
ategory or categ	gories (will not be pri	nted on the patent):	Individual 🗵 Co	rporation or other private gr	oup entity Government		
4a. The following fee(s) are submitted: Solution Sol		 b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) □ A check is enclosed. □ Payment by credit card. Form PTO-2038 is attached. □ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 19-0743 (enclose an extra copy of this form). 					
				☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).			
ee (if required) Inited States Pa	will not be accepted tent and Trademark	from anyone other that Office.	n the applicant; a regi	stered attorney or agent; or the	he assignee or other party in		
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	WAMY or indication of ' ess (or Change of the cont) attached. United DATA TO es is identified and indicated about the cont of	ART UNIT WAMY 3691 or indication of "Fee Address" (37 less (or Change of Correspondence address" Indication form cent) attached. Use of a Customer NCE DATA TO BE PRINTED ON The less is identified below, no assigned assigned to the less indicated above. The less indicated above is indicated above. The less indicated above is indicated above. The less i	STATE OF STA	STATE OF CONTROL STATE OF STAT	STATE ON THE PUBLICATION FEE DUE PREV. PAID ISSUE FEE TOTAL FEE(S) DUE ART UNIT CLASS-SUBCLASS WAMY 3691 705-037000 or indication of "Fee Address" (37 cress (or Change of Correspondence and the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. NCE DATA TO BE PRINTED ON THE PATENT (print or type) see is identified below, no assignee data will appear on the patent. If an assignee is identified below, the county of this form is NOT a substitute for filing an assignment. (B) RESIDENCE: (CITY and STATE OR COUNTRY) San Jose, California 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee a check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any do overpayment, to Deposit Account Number 19-0743 (enclose a us indicated above) TITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the county of the county of the patent and Trademark Office.		